

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (OGB USE FORM PTO-875)						SERIAL NO.	FILED DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						61	
2						62	
3						63	
4						64	
5						65	
6						66	
7						67	
8						68	
9						69	
10						70	
11						71	
12						72	
13						73	
14						74	
15	1					75	
16						76	
17						77	
18						78	
19						79	
20						80	
21						81	
22						82	
23						83	
24						84	
25						85	
26						86	
27						87	
28						88	
29						89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
41						TOTAL IND.	
42						TOTAL DEP.	
43						TOTAL DEP.	
44						TOTAL CLAIMS	
45							
46							
47							
48							
49							
50							
TOTAL IND.	3						
TOTAL DEP.	19						
TOTAL DEP.	22						
JG-360 (3-76)						PRINTED OR TYPEWRITTEN ON ONE SIDE OF EACH SHEET	

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